#### **Application Data Sheet**

## **Application Information**

Application number::

Filing Date::

Application Type::

Subject Matter::

Suggested classification::

CD-ROM or CD-R??::
Number of CD disks::

Number of copies of CDs::

Suggested Group Art Unit::

Sequence Submission::

Computer Readable Form (CRF)?::

Number of copies of CRF::

Title:: Online Purchasing Method

Attorney Docket Number:: 020375-002710US

Request for Early Publication:: No

Request for Non-Publication:: No

Suggested Drawing Figure:: 11

Total Drawing Sheets:: 17

Small Entity?:: Yes

Latin name::

Variety denomination name::

Petition included?:: No

Petition Type::

Licensed US Govt. Agency::

Contract or Grant Numbers One::

Secrecy Order in Parent Appl.:: No

#### **Applicant Information**

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: John

Middle Name:: Joseph

Family Name:: Mascavage

Name Suffix::

City of Residence:: San Mateo

State or Province of Residence:: CA
Country of Residence:: US

Street of Mailing Address:: 701 Harvard Road

City of Mailing Address:: San Mateo

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94402

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Margaret

Middle Name:: Morgan

Family Name:: Weichert

Name Suffix::

City of Residence:: San Carlos

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 50 Curtis Court

City of Mailing Address:: San Carlos

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94070

Applicant Authority Type:: Inventor

Primary Citizenship Country:: US

Status:: Full Capacity

Given Name:: Robert

Middle Name:: Edwin

Family Name:: Dravenstott

Name Suffix::

City of Residence:: San Mateo

State or Province of Residence:: CA

Country of Residence:: US

Street of Mailing Address:: 2215 Salisbury Way

City of Mailing Address:: San Mateo

State or Province of mailing address:: CA

Country of mailing address::

Postal or Zip Code of mailing address:: 94403

### **Correspondence Information**

Correspondence Customer Number:: 20350

#### Representative Information

Representative Designation:: Representative Number:: Representative Name::

Primary 38,464 Darin J. Gibby

Associate 43,616 Thomas D. Franklin

# **Domestic Priority Information**

Application::

Continuity Type::

Parent Application:: Parent Filing Date::

This Application

continuation-in-part of

09/516,209

02/29/00

# **Foreign Priority Information**

Country::

Application number::

Filing Date::

## **Assignee Information**

Assignee Name::

Street of mailing address::

City of mailing address::

State or Province of mailing address::

Country of mailing address::

Postal or Zip Code of mailing address::